

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581215

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4		1		1		
5	1			1		
6	2			1		
7	1			1		
8	1			1		
9	1			1		
10	1			1		
11	1			1		
12	1			1		
13	1			1		
14	1			1		
15	1			1		
16	1			1		
17	1			1		
18	1			1		
19	2			1		
20	1			1		
21	1			1		
22	1			1		
23	1			1		
24	1			1		
25	1			1		
26	1			1		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	24	←	25	←	←	
TOTAL CLAIMS	30		26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	